

STATE OF MAINE Bureau of Insurance

34 State House Station Augusta, ME 04333-0034

Risk Purchasing Group Registration

REGISTRATION INSTRUCTIONS CAN ALSO BE FOUND ON OUR WEBSITE: maineinsurancereg.org

1.	Name of Risk Purchasing Group:		2. L	_egal State	3.	FEIN/SSN (if none indicate N/
4.	Business Mailing Address:				5.	Contact person (for billing) Phone #
6.	Specify lines and classification of liability insurance that this po	ırcha		g group inten	ds	
7.	Please provide a description of the method by which the refere purchasing group members with Maine risks.	ence	d lia	bility insuran	се	will be offered to
8.	List the Maine licensed insurance company(ies), eligible surplus lines carrier(s), or Risk Retention Group(s) from which the purchasing group intends to purchase insurance.					
	(1)(3)					
	(2)(4)					
9.	Licensed Producers transacting business on behalf of the pure	hasi	ng ເ	group. (produc	er m	ust be an individual, not an agency)
	Name:SS	#				
	Name:SS	#				
PURCHASING GROUPS DOMICILED IN MAINE 10. Describe business or activities which are similar or related with respect to the liability to which members of the Purchasing group are exposed.						
	ereby state that all the information presented herein is to n for and act on behalf of the Purchasing Group.	ue a	and	correct an	d tl	nat I am authorized to
	Name (Please type or print)					
	Title					
	Sign	ature				_

Please be advised the Risk Purchasing Group is not considered registered until notified by the Superintendent that it has met all statutory requirements to be considered registered in Maine

FEES: You will be billed a \$100 registration fee once your application has been reviewed.

<u>Please</u>, do not submit any money with the application.

CONTACT: Tracy Cunningham, Secretary

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